

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK**

SIDNEY GORDON and JEFFREY TAUBER,
Plaintiffs,

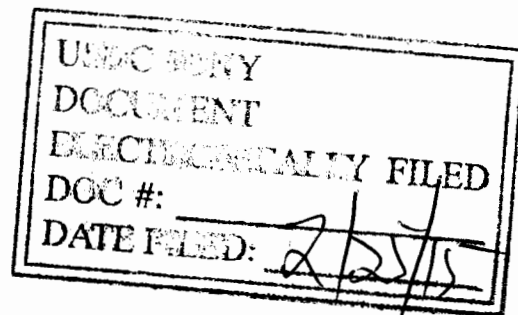
v.

SONAR CAPITAL MANAGEMENT LLC; NEIL DRUKER; PRIMARY GLOBAL RESEARCH, LLC; SONAR PARTNERS, LP; SONAR INSTITUTIONAL FUND, LP; SONAR OVERSEAS FUND, LTD.; AURORA HEDGED EQUITY LP; AURORA HEDGED EQUITY OFFSHORE FUND, LTD.; AURORA LIMITED PARTNERSHIP; AURORA OFFSHORE FUND LTD. II.; AZIMUTH DIVERSIFIED FUND, LLC; AZIMUTH SELECT FUND, LLC; BARFIELD NOMINEES LIMITED A/C 18818; CHICAGO PATRIOT, LLC; CONTINENTAL CASUALTY COMPANY; DAVID E. SEMMEL; DELOS FUND, LTD; DELOS FUND II, LTD.; DOREL, LLC; FQR ALTERNATIVES II, LP; JOANNE MACKINNON; JOCELYN BOWIE; IFC (A) TRUST; IFC (E) TRUST; LESLIE SEMMEL; LOEWS CORPORATION; MWV EMPLOYEE RETIREMENT PLAN GROUP TRUST; THE ORRINGTON FUND, LTD.; THE ORRINGTON FUND, LP; THE ORRINGTON PLUS MASTER FUND, LTD.; PANGAEA PARTNERS, LP; PAROS FUND TRUST; Q-BLK ALPHA ENGINE, LTD.; Q-BLK EQUITY EDGE PORTFOLIO, LP; Q-BLK EQUITY EDGE PORTFOLIO, LTD.; QIP LTD.; QPA LTD.; ROBECO-SAGE CAPITAL INTERNATIONAL II, LTD.; ROBECO-SAGE CAPITAL, LP; ARDEN SAGE MULTI-STRATEGY FUND, LLC; ARDEN SAGE TRITON FUND, LLC; ROBECO-SAGE UNIT TRUST; SEMMEL FAMILY TRUST; STEINBERG FAMILY INVESTMENTS, LTD.; THE WEATHERLOW FUND, LP,

Defendants.

Case No. 11-CV-9665 (JSR)

JURY TRIAL DEMANDED



 ~~[PROPOSED]~~ ORDER REGARDING DEATH CERTIFICATES OF
SINH D. NGUYEN AND DIU THI THONG

Certificates of Death of Diu Thi Dong and Sinh D. Nguyen, informational (non-certified) copies of which are attached as Attachments A and B to this order.

Dated: February 24, 2015

SO ORDERED:



Jed S. Rakoff dated 2/24/15
United States District Judge

Attachment A

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

OFFICE OF CLERK-RECORDER

COUNTY OF ALAMEDA

OAKLAND, CALIFORNIA

INFORMATIONAL - NOT A VALID
DOCUMENT TO ESTABLISH IDENTITYCERTIFICATE OF DEATH
STATE OF CALIFORNIA

3-87-01

4551

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST Diu		2A. DATE OF DEATH MONTH, DAY, YEAR June 26, 1987	
1B. MIDDLE Thi		2B. HOUR 1340	
1C. LAST Dong			
3. SEX Female	4. RACE/ETHNICITY Oriental	5. SPANISH/Hispanic NO	6. DATE OF BIRTH June 7, 1928
7. AGE 59 YEARS		8. IF UNDER 1 YEAR MONTHS DAYS HOURS MINUTES	
9. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Vietnam		10. NAME AND BIRTHPLACE OF FATHER Rao Q. Dong-Vietnam	
11. CITY OF WHAT COUNTRY Vietnam		12. SOCIAL SECURITY NUMBER [REDACTED]	
13. IF DECEDENT WAS EVER IN MILITARY GIVE DATES OF SERVICE 19 TO 19		14. MARRITAL STATUS Married	
15. NAME OF SURVIVING SPOUSE IF WIFE, ENTER BIRTH NAME Sinh Nguyen		16. KIND OF INDUSTRY OR BUSINESS	
17. PRIMARY OCCUPATION Homemaker		18. NUMBER OF YEARS THIS OCCUPATION	
19. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 45997 Omega Dr.		19B. CITY OR TOWN Fremont	
19C. COUNTY Alameda		19D. STATE California	
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Hao Nguyen (Son)		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP 45997 Omega Dr. Fremont, Ca. 94539	
21A. PLACE OF DEATH Residence		21B. COUNTY Alameda	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 45997 Omega Dr.		21D. CITY OR TOWN Fremont	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST. (A) <u>Pneumonia</u> DUE TO, OR AS A CONSEQUENCE OF (B) <u>Metastatic Carcinoma of Lung</u> DUE TO, OR AS A CONSEQUENCE OF (C) 23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A. 24. WAS DEATH REPORTED TO CORONER? NO 25. WASopsy PERFORMED? YES 26. WAS AUTOPSY PERFORMED? NO 27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? Biopsy only 28. DATE SIGNED November 1986 29. PHYSICIAN'S SIGNATURE AND DEGREE OR TITLE W. J. Wells MD 30. DATE SIGNED June 27, 1987 31. PHYSICIAN'S LICENSE NUMBER A 043163			
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.) June 23, 1987		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE W. J. Wells MD 29. TYPE PHYSICIAN'S NAME AND ADDRESS Wood Row & Wells 38719 Skivas St Fremont 94536	
29. SPECIFY ACCIDENT, BLUDGE, ETC.		30. PLACE OF INJURY	
31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR	
32B. HOUR		33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	
34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE HELD AN INQUIRY- INVESTIGATION	
35B. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED	
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR	
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY		39. ENBALMER'S LICENSE NUMBER AND SIGNATURE	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.	
41. LOCAL REGISTRAR—SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR	
43. STATE REGISTRAR		44. DATE	

INFORMATIONAL - NOT A VALID
DOCUMENT TO ESTABLISH IDENTITY

000001322

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF ALAMEDA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Alameda County Clerk-Recorder.

JAN 13 2015

DATE ISSUED

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the Clerk-Recorder.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Steve Manning
STEVE MANNING
ALAMEDA COUNTY CLERK-RECORDER

Attachment B

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

OFFICE OF CLERK-RECORDER

COUNTY OF ALAMEDA

OAKLAND, CALIFORNIA

CERTIFICATE OF DEATH

3199901007158

3051999-174157

STATE FILE NUMBER

STATE OF CALIFORNIA
VITAL RECORDS DIVISION
1212 BUREAU BLVD. OAKLAND, CALIF. 94612-1000

LOCAL JURISDICTION NUMBER

1. NAME - LAST, FIRST, MIDDLE SINH D. NGUYEN		2. MIDDLE D.		3. NAME - LAST, FIRST, MIDDLE NGUYEN	
4. DATE OF BIRTH - MM DD YYYY 12/23/1923		5. AGE - YRS 75		7. DATE OF DEATH - MM DD YYYY 10/21/1999	
8. STATE OF BIRTH VN		11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		12. MARITAL STATUS WIDOWED	
14. RACE VIETNAMESE		15. HISPANIC - MEXICAN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		16. EDUCATION - YEARS COMPLETED 16	
17. OCCUPATION TEACHER		18. KIND OF BUSINESS EDUCATION		19. YEARS IN OCCUPATION 30	
20. RESIDENCE - STREET AND NUMBER AND LOCATION 39238 MARBELLA TERRACE					
21. CITY FREMONT		22. COUNTY ALAMEDA		23. ZIP CODE 94538	
24. NAME RELATIONSHIP TAI NGUYEN - SON		27. MAILING ADDRESS - STREET AND NUMBER AND CITY, STATE, ZIP CODE 564 COLUMBIA CREEK DR., SAN RAMON, CA 94583			
28. NAME OF SURVIVING SPOUSE - FIRST TAN		29. MIDDLE D.		30. LAST NAME NGUYEN	
31. NAME OF FATHER - FIRST TEN		32. MIDDLE T.		33. LAST NAME BUI	
34. DATE OF BIRTH - MM DD YYYY 10/25/1999		35. PLACE OF BIRTH LOS GATOS MEMORIAL PARK, SAN JOSE, CA 95124		36. NAME OF FUNERAL HOME BU	
37. NAME OF FUNERAL HOME LIMA FAMILY ERICKSON		38. PHONE NUMBER FD-128		39. DATE OF DEATH 10/22/1999	
40. PLACE OF DEATH WASHINGTON HOSPITAL		41. IF HOSPITAL, SPECIFY ROOM <input checked="" type="checkbox"/> IN <input type="checkbox"/> ER <input type="checkbox"/> OR <input type="checkbox"/> DCA		42. COUNTY ALAMEDA	
43. STREET ADDRESS - STREET AND NUMBER AND LOCATION 2000 MOWRY AVENUE		44. CITY FREMONT		45. STATE CA	
46. DEATH CAUSE - ENTER ONLY ONE CAUSE PER LINE FIRST, MIDDLE, LAST Cardiopulmonary arrest		47. INTERVAL BETWEEN ONSET AND DEATH 1 week		48. DEATH REPORTED TO LOCAL HEALTH DEPARTMENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
49. DUE TO Pneumonia		50. DUE TO Sepsis		51. DUE TO Parkinson's disease	
52. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH NOT RELATED TO CAUSE LISTED IN 46 Boys		53. OPERATION PERFORMED FOR THIS CONDITION IN ITEM 50? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		54. OPERATION AND DATE 10/22/99	
55. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE ABOVE INFORMATION IS TRUE AND CORRECT. 8 25 54 10 20 99		56. SIGNATURE OF CLERK-RECORDER WILLIAM KALICHMAN, MD		57. DATE 10/22/99	
58. I CERTIFY THAT IN MY OPINION, THE DEATH WAS NOT A SUICIDE OR A HOMICIDE. 118 MANNER OF DEATH		59. SIGNATURE OF CLERK-RECORDER STEVE MANNING		60. DATE 10/22/99	
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